Objectives: To describe the observed effects of CBD use during treatment with electroconvulsive therapy (ECT).
Methods: To describe in detail the clinical case and to correlate the changes observed in the seizures and the electroencephalogram (EEG) of the ECT sessions when the patient performed concomitant consumption of CBD, in addition to the changes at the clinical level that he experienced during this period.
Results: The subject is a 47-year-old man who required admission for a psychotic decompensation of his schizoaffective disorder bipolar subtype. In recent years, he had no adherence to psychopharmacological treatment or follow-up, and reported self-medicating with CBD cigarettes in varying amounts (he reported 5 to 15 units/day). During admission, pharmacological treatment was instituted with poor response and an acute course of ECT was performed due to a history of good response in a previous episode 10 years ago and the patient's preference. He remained abstinent from CBD during hospitalization and it was agreed to remain non-consuming at discharge. He presented progressive improvement in the clinical signs from the 4th session, with remission in the 7th session. Upon discharge, it was agreed to perform consolidation ECT on an outpatient basis, initially with weekly sessions and then every two weeks.
From the 2nd outpatient session, a worsening of motor and electroencephalographic seizures was observed in the ECT sessions. A possible relapse into CBD use, which the patient denied, was explored. After the 3rd outpatient session, the patient recognizes relapse into CBD consumption with occasional consumption. During the following 2 sessions, the deterioration in the quality of the EEG pattern progresses and it is decided to interrupt ECT treatment due to the absence of seizures in EEG recording, coinciding with an increase in the daily amount of CBD consumed.
Conclusions: There is little literature on the management of the effects of CBD in ECT treatment. The observations in this clinical case provide valuable information about the combination of CBD and ECT that can be useful to other professionals with similar cases.

Disclosure of Interest: None Declared

EPV1658

Increasing the Utilisation of Transcranial Magnetic Stimulation for Treatment-Resistant Depression

Y. H. Tay

Psychological Medicine, Khoo Teck Puat Hospital, Singapore, Singapore
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Introduction: Transcranial magnetic stimulation (TMS) has been consistently recommended in international guidelines as first-line for treatment-resistant depression, due to its superior efficacy over the next antidepressant, with minimal side effects. However, owing to its high cost, lack of insurance coverage, the need for daily time commitment over a period of 4 to 6 weeks and its relative novelty, TMS is still not being offered to many eligible patients with MDD including at our hospital, leading to an under-utilisation of the service.
Objectives: We aim to determine the rate at which TMS is being offered to eligible patients with MDD at our hospital in Singapore, explore the root causes behind why it is not being offered and utilised more often, and implement new models of care to increase this rate by at least two-fold over 6 months.
Methods: All patients who registered at our outpatient clinics from June to November 2024 were screened for the eligibility criteria for TMS. Flow charts, affinity diagram and fishbone diagram were drawn. Multi-voting was conducted to arrive at the top root causes for the low rate at which TMS was being offered to eligible depressed patients, determined on a Pareto chart. 5 Plan, Do, Study, Act cycles were carried out. Key interventions included: (a) Adopting evidence-based, shorter TMS protocols that reduced time to remission from 6 weeks to 2-3 weeks, (b) initiating a novel, nurse-led TMS counselling service, (c) improving promotional materials, and (d) using simple yet effective strategies to improve familiarity with TMS and encourage psychiatrists to consider it more often.
Results: The rate at which TMS was offered to eligible patients with MDD increased from 15% to 80% over June to November 2024. 31% of these eligible patients took up TMS, and 100% of those who started TMS eventually completed the course. Patients who completed the course had a 69% reduction in clinician-administered depression rating scales. Psychiatrists were more inclined to offer TMS via the TMS counselling service run separately by TMS nurses, as this otherwise often took up substantial time in busy clinic settings. The increased awareness of TMS through promotional materials empowered patients such that they were bringing up TMS during consultations before they were being offered. The evidence-based, shorter TMS protocols involved conducting multiple sessions a day with adequate intervals, without compromising on efficacy and safety. Patients enjoyed the option of having less interruptions from work or school, and the quicker times to remission. Direct cost savings were observed.
Conclusions: We observed better quality of clinical care, increased patient, staff and stakeholder satisfaction, cost and time savings to patients, and increased productivity in both patients and staff, through effective and sustainable interventions which can be replicated in TMS clinics elsewhere.

Disclosure of Interest: None Declared

EPV1659

Unraveling Reality : Complaints that became delusions aligned to Ehlers-Danlos Syndrome ended up with ECT - a case report

D. Uslu[1]*, R. E. Dindar[1], E. E. Bestepe[1] and H. Kolsuz[1]

[1]Psychiatry, Istanbul Erenköy Mental and Nervous Diseases Training and Research Hospital, Istanbul, Türkiye
*Corresponding author.
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Introduction: Ehlers-Danlos Syndrome (EDS) is a group of hereditary connective tissue disorders that primarily involve skin hyperelasticity, hypermobility of joints and fragility of blood vessels.This syndrome shows heterogeneous features.Recent studies have shown that patients with EDS have a higher risk of psychiatric conditions such as depression, suicide and schizophrenia.The existing literature on safe administration of ECT defines several case reports which incorporates connective tissue disorders.
Objectives: This case report aims to define a rare case of EDS related psychosis including the clinical presentation and management.Furthermore, to show the administration of ECT in patients suffer from this medical condition after their assessment.

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